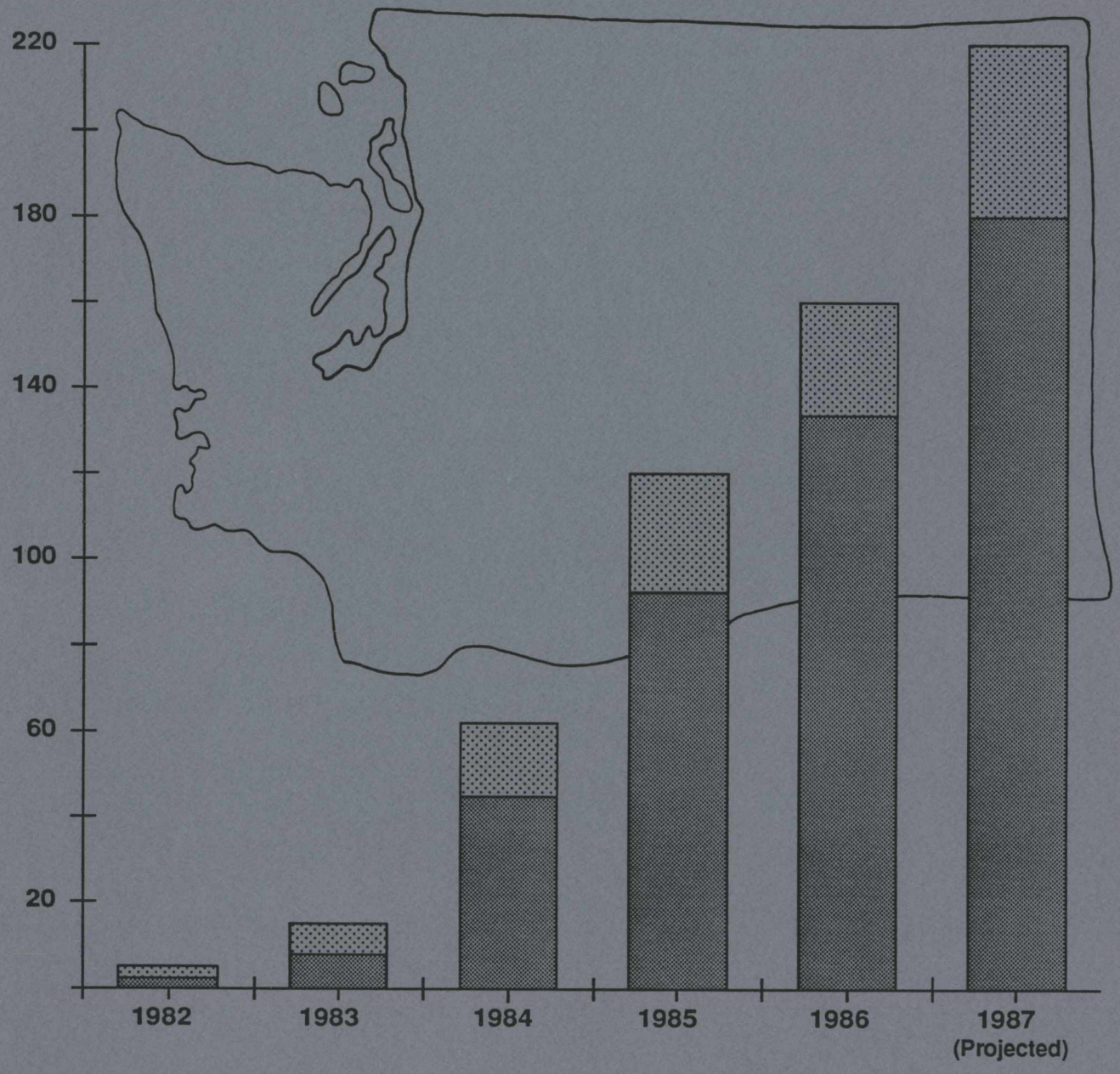
AIDS

Washington State	
Seattle-King Co.	

QUARTERLY AIDS SURVEILLANCE REPORT



• 1ST QUARTER 1987 •

[8477]

Washington State/Seattle-King County Quarterly AIDS Surveillance Report

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CREDITS

This is the fourth edition of a quarterly report on the epidemiology of AIDS in King County and Washington State. It is produced in part under a CDC demonstration grant for Active AIDS Surveillance. Data collection for this edition closed April 8, 1987 and data presented are current as of that date.

We wish to thank all those health care providers who furnished the AIDS case reports which comprise the database for this report as well as Jeanne Honey and Jan Harwell who provided outstanding technical assistance in its production. To be included on the mailing list for this report, please contact Dr. Hopkins.

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AIDS: SUMMARY OF CASES MEETING CDC SURVEILLANCE DEFINITION - MARCH 31, 1987

1. Case Numbers

King County -- King County has registered 330 AIDS cases which meet CDC surveillance definition. Death has occurred in 57% of cases. 78% of Washington State AIDS patients resided in King County at the time of diagnosis.

Washington State -- Washington State has recorded 421 AIDS cases which meet CDC surveillance definition. Death has occurred in 57% of cases.

United States -- The CDC has received reports of 33,011 adult (13 years or older) cases of AIDS. In addition, there have been 471 pediatric (less than 13 years) cases. Death has occurred in 19,394 cases (58%).

	King County		WA State		United States	
	No.	%	No.	%	No.	%
2. Adult/Adolescent Sex						
Male	324	(98)	412	(98)	30,760	(93)
Female	5	(2)	8	(2)	2,251	(7)
TOTAL	329	(100)	420	(100)	33,011	(100)
3. Age						
<13	1	(<1)	1	(<1)	471	(1)
13 - 19	0	(0)	1	(<1)	139	(<1)
20 - 29	60	(18)	83	(20)	7,029	(21)
30 - 39	165	(50)	202	(48)	15,630	(47)
40 - 49	72	(22)	91	(22)	6,941	(21)
>49	32	(10)	43	(10)	3,272	(10)
TOTAL	330	(100)	421	(100)	33,482	(100)
4. Adult/Adolescent Race						
White	304	(93)	382	(91)	20,029	(61)
Black	13	(4)	17	(4)	8,008	(24)
Hispanic	8	(2)	13	(3)	4,653	(14)
Other/Unknown	4	(1)	8	(2)	321	(1)
TOTAL	329	(100)	420	(100)	33,011	(100)
5. Adult/Adolescent Groups						
Homosexual/Bisexual Men	288	(88)	356	(85)	21,707	(66)
IV Drug User	2	(<1)	5	(1)	5,540	(17)
IV Drug User & Homosexual Male	28	(9)	38	(9)	2,535	(8)
Hemophiliac	2	(<1)	4	(1)	284	(1)
Heterosexual Contact	2	(<1)	2	(<1)	1,261	(4)
Transfusion	3	(1)	7	(2)	640	(2)
None of the Above/Other	4	(1)	8	(2)	1,044	(3)
TOTAL	329	(100)	420	(100)	33,011	(100)
6. Primary Disease						
KS without PCP	54	(16)	65	(15)	4,380	(13)
Both KS and PCP	33	(10)	40	(10)	not reported	
PCP without KS	202	(61)	256	(61)	21,650	(65)
OI without KS or PCP	41	(12)	60	(14)	7,452	(22)
TOTAL	330	(100)	421	(100)	33,482	(100)

KS = Kaposi's Sarcoma PCP = Pneumocystis Carinii Pneumonia OI = Other Opportunistic Infection

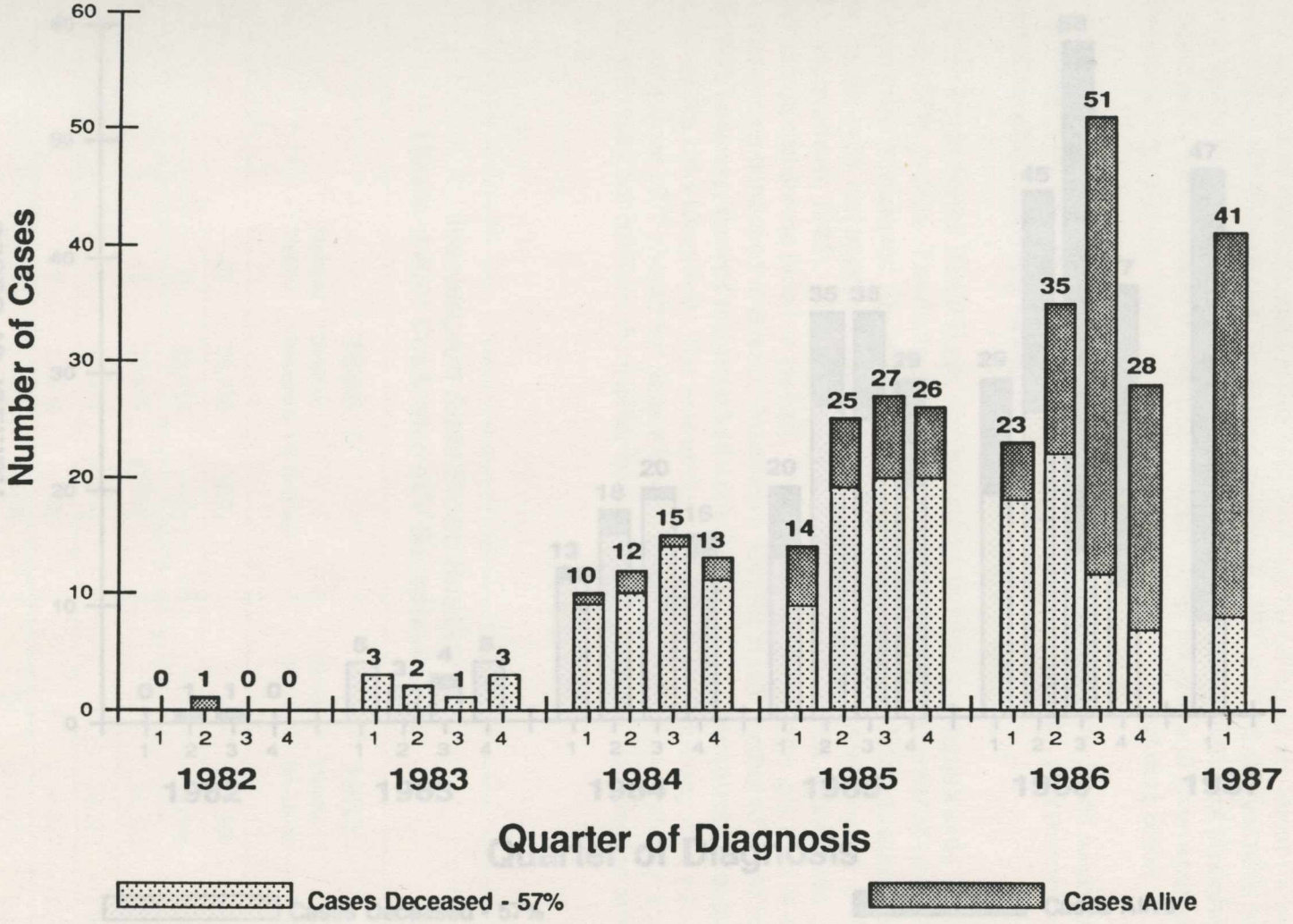
AIDS IN KING COUNTY BY YEAR: 1984, 1985, 1986

	1984		1985		1986	
	No.	%	No.	%	No.	%
1. Sex						
Male	49	(98)	92	(100)	135	(99)
Female	1	(2)	0	(0)	2	(1)
TOTAL	50	(100)	92	(100)	137	(100)
2. Age						
<13	0	(0)	0	(0)	0	(0)
13-19	0	(0)	0	(0)	0	(0)
20-29	8	(16)	13	(14)	30	(22)
30-39	25	(50)	50	(54)	66	(48)
40-49	11	(22)	16	(17)	30	(22)
>49	6	(12)	13	(14)	11	(8)
TOTAL	50	(100)	92	(100)	137	(100)
3. Race						
White	49	(98)	87	(95)	123	(90)
Black	1	(2)	4	(4)	6	(4)
Hispanic	0	(0)	1	(1)	6	(4)
Other/Unknown	0	(0)	0	(0)	2	(1)
Total	50	(100)	92	(100)	137	(100)
4. Transmission Categories						
Homosexual/Bisexual Male	46	(92)	76	(83)	121	(88)
IV Drug User	0	(0)	0	(0)	1	(1)
IV Drug User & Homosexual Male	3	(6)	13	(14)	9	(7)
Hemophiliac	0	(0)	0	(0)	2	(1)
Heterosexual Contact	0	(0)	0	(0)	2	(1)
Transfusion	1	(2)	2	(2)	0	(0)
None of above/other	0	(0)	1	(1)	2	(1)
TOTAL	50	(100)	92	(100)	137	(100)
5. Primary Disease						
KS without PCP	6	(12)	20	(22)	24	(18)
Both KS and PCP	10	(20)	12	(13)	10	(7)
PCP without KS	29	(58)	52	(57)	82	(60)
OI without KS or PCP	5	(10)	8	(9)	21	(15)
TOTAL	50	(100)	92	(100)	137	(100)
6. AIDS Deaths During theYear	18		55		81	

KS = Kaposi's Sarcoma PCP = Pneumocystis Carinii Pneumonia OI = Other Opportunistic Infection

AIDS CASES REPORTED IN KING COUNTY

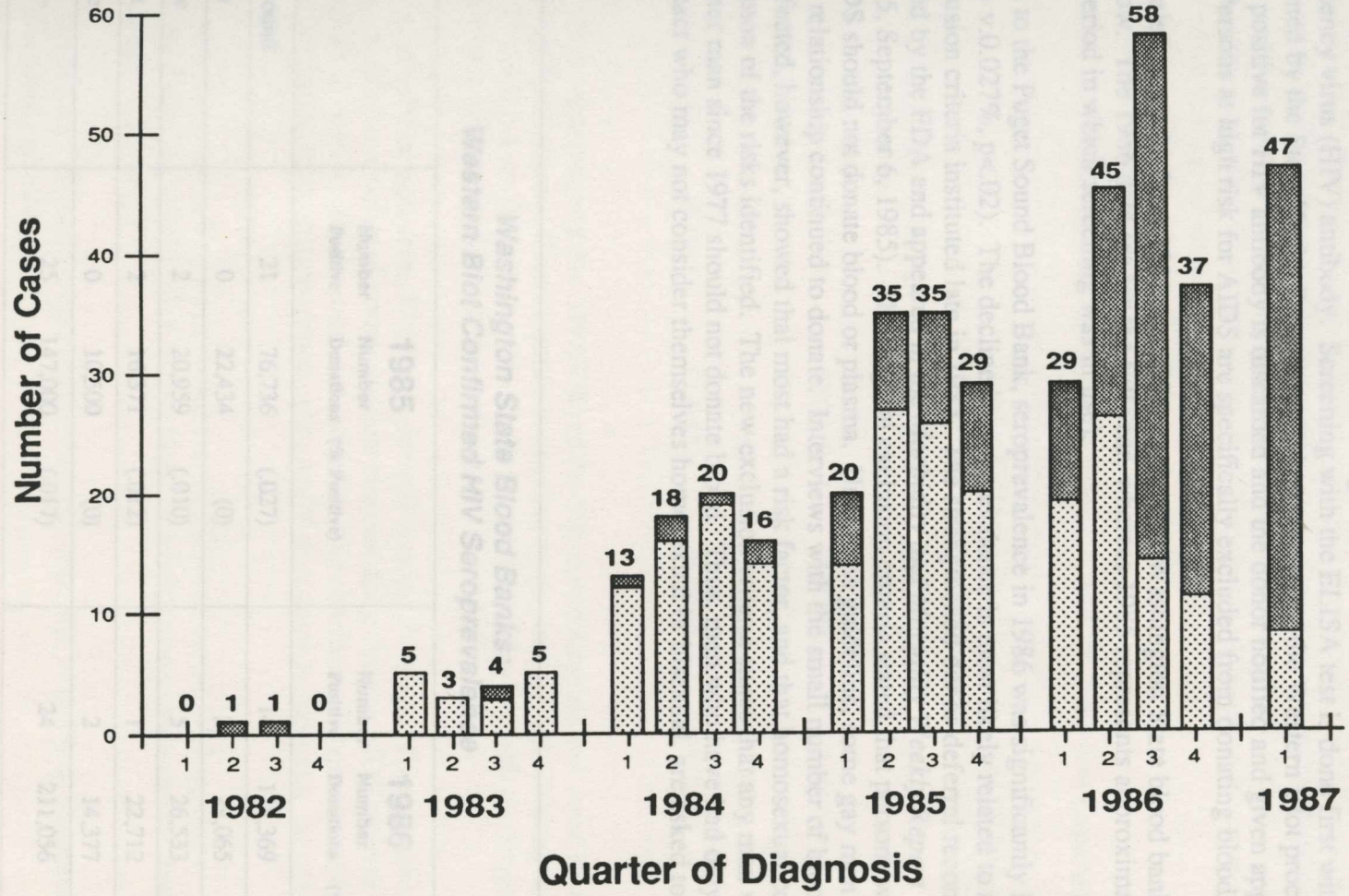
330 Cases Through March 1987



Data collection for this report ended April 8, 1987.

AIDS CASES REPORTED IN WASHINGTON STATE

421 Cases Through March 1987



Data collection for this report ended April 8, 1987.

AIDS SURVEILLANCE NEWS

HIV Seroprevalence in Washington Blood Donors 1985 & 1986

As of May 1985, all units of blood donated to Washington State blood banks are tested for human immunodeficiency virus (HIV) antibody. Screening with the ELISA test is done first with positive results confirmed by the State Health Department laboratory using the Western Blot procedure. Blood testing positive for HIV antibody is discarded and the donor notified and given appropriate counseling. Persons at high risk for AIDS are specifically excluded from donating blood.

HIV seroprevalence results from 1985 and 1986 for the five Washington State blood banks are presented below. The 1986 data are for the full year, whereas 1985 represents approximately the last 9 months (the period in which screening was in use).

For donations to the Puget Sound Blood Bank, seroprevalence in 1986 was significantly less than in 1985 (0.011% v.0.027%, p<.02). The decline in seroprevalence is most likely related to more effective exclusion criteria instituted late in 1985. The strengthened donor-deferral recommendation was formulated by the FDA and appeared in the *Morbidity and Mortality Weekly Report* (*MMWR*. Vol. 34 No. 35, September 6, 1985). The original exclusion criteria stated that persons with a risk factor for AIDS should not donate blood or plasma. Under this guideline, some gay men in a mutually monagomous relationship continued to donate. Interviews with the small number of blood donors found HIV infected, however, showed that most had a risk factor, and that homosexual contact was the most common of the risks identified. The new exclusion criteria states that any man who has had sex with another man since 1977 should not donate blood. Thus, men who have had only a single same-sex contact who may not consider themselves homosexual or bisexual, are asked to refrain from donating.

Washington State Blood Banks:
Western Blot Confirmed HIV Seroprevalence

	1985			1986		
	Number Positive	Number Donations	(% Positive)	Number Positive	Number Donations	(% Positive)
Puget Sound	21	76,736	(.027)	14	118,369	(.011)
Yakima	0	22,434	(0)	2	29,065	(.007)
Spokane	2	20,959	(.010)	5	26,533	(.019)
Tacoma	2	16,371	(.012)	1	22,712	(.004)
Sno-Isle	0	10,500	(0)	2	14,377	(.014)
TOTAL	25	147,000	(.017)	24	211,056	(.011)

HIV Seroprevalance in Persons Counseled at the AIDS Prevention Project Assessment Clinic

In the 6 month period October, 1986 through March, 1987, a total of 675 (508 men and 167 women) persons received both HIV (human immunodeficiency virus) risk reduction counseling and HIV antibody testing at the AIDS Prevention Project of the Seattle-King County Health Department. The following tables display HIV antibody test results by sex and selected risk factors. It should be remembered that the Assessment Clinic population is self-selected and therefore data presented can not be taken as a true measure of underlying population prevalence.

TABLE 1.

MALES: HIV Seropositivity by Sexual Preference and IV Drug Use Experience

			Admit IV Drug Use		Deny IV Drug Use	
Stated Sexual Preference	**Total No. Tested (%)**	**HIV+ (%)**	**No. (%)**	**HIV+ (%)**	**No. (%)**	**HIV+ (%)**
Homosexual or bisexual	339 (67%)	69 (20%)	37 (11%)	12 (32%)	302 (89%)	57 (19%)
Heterosexual	139 (27%)	6 (4%)	32 (23%)	2 (6%)	107 (77%)	4 (4%)
Other	30 (6%)	6 (6%)	2 (7%)	0 (0%)	28 (93%)	6 (21%)
TOTAL	508 (100%)	81 (16%)	71 (14%)	14 (20%)	437 (86%)	67 (15%)

Comment: These data indicate that 339 (67%) of the 508 men counseled and tested at the AIDS Prevention Project Assessment Clinic identify themselves as gay or bisexual. IV drug use was reported by 71 (14%) of the 508 men tested. These figures are in keeping with the Project's goal of providing services primarily for high risk individuals.

Of the 339 gay and bisexual men seen, 37 (11%) admitted to using IV drugs. This proportion is similar to the cumulative number of homosexual or bisexual King County AIDS patients who used IV drugs (28/316 or 9%). As expected, men with the joint risk factor of homosexuality and IV drug use had increased HIV seroprevalence over non-IV drug using homosexual men (32% v. 19%, p=.05).

Additional data (not presented in Table 1) indicate that 12 (32%) of the 37 IV drug-using homosexual/bisexual men and 17 (53%) of the 32 drug-using heterosexual men shared needles during their drug use.

Irrespective of IV drug use, 20% of the homosexual/bisexual men, but only 4% of heterosexual men, tested HIV antibody positive.

TABLE 2.

FEMALES: HIV Seropositivity by IV Drug Use Experience

	Admit IV Drug Use		Deny IV Drug Use	
Total No. Tested	HIV+ (%)	No. (%)	HIV+ (%)	No. (%)	HIV+ (%)
167	1 (0.6%)	24 (14%)	1 (4%)	143 (85%)	0 (0)

Comment: Of 167 women seen at the AIDS Assessment Clinic over the 6 month period, 24 (14%) used IV drugs, yet only 1 woman was HIV positive (<1%). The seropositive woman was an IV drug user who practiced needle-sharing. Additional data (not presented in Table 2) indicate that 15 (63%) of the 24 female IV drug users shared needles during their drug use.

Risk of the Acquisition of HIV Infection From Blood Transfusions Given in Washington State Between 1978 and 1985.

In the March 20, 1987 issue of the *Morbidity and Mortality Weekly Report* (*MMWR* Vol. 36 No. 10), the Centers for Disease Control estimated that approximately 12,000 people now living in the United States acquired a transfusion-associated HIV (human immunodeficiency virus) infection during 1978 through 1984, the interval between the appearance of HIV in this country and the implementation of HIV screening of donated blood. Furthermore, the CDC recommended that physicians should consider offering HIV antibody testing to some patients who received transfusions between 1978 and late spring of 1985. The CDC suggested that the decision whether or not to test a patient be based on the likelihood of infection in a recipient and the likelihood of transmission from that recipient to others (ie.through sexual activity). Patients who received a small number of blood or blood component units in a low prevalence area would have an extremely low risk of infection. At greater risk would be persons who received many units in a high seroprevalence area, especially if the blood was collected late in the period prior to HIVtesting.

To aid Washington State physicians and health care providers in advising their patients on this issue, the Washington State Department of Social and Health Services has formulated the following statement:

> Recommendations to decrease transmission of HIV through transfusions were disseminated in March of 1983 and were rapidly adopted by blood centers in the United States. When a sensitive test was developed to detect antibody to HIV, screening programs were implemented nationally by March, 1985. These programs have been very effective in eliminating infected blood from the donor pool. During the first 9 months of screening in 1985, only 25 infected people were detected out of 147,000 Washington State donors. Since exclusion criteria (programs to prevent high risk people from donating blood) were in place when HIV testing by blood banks was implemented, there is no reason to believe that the number of infected donors was higher in the two previous years. Although local data prior to 1983 are unavailable, the comparative incidence of AIDS

cases in Washington State would indicate that the local spread of the virus is at least 1-1/2 to 2 years behind that seen in the major population centers of New York, California, Florida, New Jersey, and Texas. Hence, the risk of receiving an infected unit of blood in Washington State between 1978 and 1983 (the years prior to exclusion criteria and screening) was low.

Approximately 70,000 people are transfused each year in Washington State, or 500,000 between 1978 and the implementation of testing programs for HIV by blood banks. Although exact predictions are impossible, estimates based on available local seroprevalence data suggest that at most 216* people may have been infected. Since about half of transfusion recipients die of their underlying disease, 108 of the 250,000 survivors, or 4 out of every 10,000 living transfusion recipients, may be infected with the virus that causes AIDS. Washington State has reported 7 cases of transfusion-associated AIDS compared to 414 cases who acquired the virus in other ways.

Limitations on public health funds have focused HIV testing and counseling programs on members of high risk groups such as gay or bisexual males, of whom 20-30% may be infected with HIV. The Washington State Department of Social and Health Services has developed the following guidelines so that transfusion recipients may be counseled and triaged to the appropriate facility:

1. People who were transfused in Washington State between 1978 and 1985 and who have no symptoms of HIV infection are at low risk (4 per 10,000). We recommend these transfusion recipients see their private physician if they wish to consider being tested for HIV.

2. People who received multiple transfusions in high risk states such as California, New York, New Jersey, Texas, and Florida may consider HIV testing through their private physician or local health department.

3. Local transfusion recipients who have symptoms of HIV infection should consult their private physician or public health facility for HIV testing and counseling.

For further information contact John Peppert at (206) 586-0427 or
William E. Lafferty, M.D. at (206) 361-2914.

*Two trends may have lowered the incidence of seropositive blood donations early in the epidemic, prior to testing. 1) Washington State's baseline seropositivity for HIV would have been low from 1978-1983. (These calculations assume a 0% seroprevalence in 1978-1979.) 2). Exclusion criteria implemented in 1983, approximately two years before testing was available, would have prevented an increase in seropositive donors even if the prevalence of HIV was increasing in the at risk population.

Calculating the Cost of AIDS in Washington State

In 1984 the Washington State Legislature authorized the Hospital Commission to collect discharge data from all hospitals except health maintenance organizations and military hospitals. The purpose of this system was to establish state-wide DRG weights and to identify issues of health care access. This program, known as the Computerized Hospital Abstract Reporting System or CHARS, uses the standard UB-82 billing form as a database. The Hospital Commission removes unique identifiers (no names or chart numbers are retained) and combines these discharge data into a single database. Thus, using CHARS, the number of hospitalizations as well as the hospital charges and length of stay can be calculated.

Dr. Bill Lafferty of the Washington State Department of Social and Health Services has used the CHARS database to calculate the costs of local inpatient AIDS care. Data were available from July, 1984 through December, 1985 and included 750,000 hospital discharges. ICD-9 codes were used to detect 357 HIV-related hospitalizations representing 176 separate cases. The average charge per hospitalization was $9,161 and the average length of stay 13.1 days. In 22 cases data were available from diagnosis to death. Average lifetime charges were $33,577 and the average number of days spent in the hospital was 52. Of the 357 hospitalizations, 206 (about 60%) were covered by medicare, medicaid, or had no third party payer, while 139 (40%) were covered by health service contractors like Blue Cross or private insurers.

Lifetime inpatient charges per AIDS patient for Washington State, at $33,577, are higher than those reported from San Francisco General Hospital ($27,571). [Reference: Scitovsky, A et al. Medical Care Costs of Patients with AIDS in San Francisco. *JAMA*. 1986; 256: 3103-06.] Average number of hospital days from diagnosis to death was also higher in Washington than in San Francisco (53 versus 35). These differences may relate to greater availability of community-based services in San Francisco.

Locally, if 220 new cases are diagnosed in 1987, the hospital bill for one years worth of care will be over $7 million dollars. AZT therapy can be expected to increase the lifetime costs as survival time is prolonged. Social support services and all levels of government will be challenged to meet the cost of care for AIDS.

AIDS RESEARCH NEWS

News From the AIDS Treatment Evaluation Unit (ATEU)

In the spring of 1986, the National Institutes of Health funded fourteen research centers throughout the United States to begin a coordinated approach to treatment studies of Human Immunodeficiency Virus (HIV), the cause of Acquired Immune Deficiency. These research centers, called AIDS Treatment Evaluation Units (ATEU), are evaluating chemotherapy, biological-response modifiers, or other agents which show potential for treatment of HIV, AIDS and the opportunistic diseases. Today there are nineteen ATEUs coordinating their efforts in the fight against AIDS.

The University of Washington ATEU began enrollment of patients into its first protocol December 8, 1986. This protocol compares two doses of azidothymidine (AZT) for the treatment of HIV infection in patients with AIDS who have recovered from an episode of Pneumocystis carinii pneumonia. Patients will receive treatment for one year; potential enrollees can have Kaposi's sarcoma but no other active opportunistic infections at enrollment. Twenty-six patients were enrolled in Seattle by March 1987 and a total of 137 nationwide.

While it is much too early for any conclusion we would like to share with you our initial clinical observations. In the first eight weeks of treatment some of our patients have experienced headache, nausea, vomiting, and skin rash. These effects resolved without changes in dose or discontinuation of the drug. Although some of our patients have experienced these discomforts after about eight weeks on AZT, a majority claim to feel better, have gained weight, and have less fatigue. The major toxic events that have occurred to date have been hematologic. Anemia is common and several patients have developed significant but reversible leukopenia. This has caused some patients to interrupt and a few to permanently stop treatment. We will be continuing to enroll patients in this study for several months.

Early this spring, we will be starting additional studies. One study will evaluate the safety and efficacy of combination therapy with AZT and Acyclovir for persons with mild ARC or lymphadenopathy with some constitutional symptoms. Patients will all receive AZT, but in varying doses. To enroll, patients have to have T4 cell counts between 200 and 500/mm^3, and have HIV demonstrable in the plasma. The screening tests are free to interested patients that appear to qualify. We are actively seeking participants for this study!

In another project we will be studying beta interferon in patients with Kaposi's sarcoma. This study will determine the maximum tolerable beta interferon dose for AIDS patients with Kaposi's sarcoma. Clinical trials with alpha interferon preparations have documented tumor regression in patients with renal cell carcinoma, hairy cell leukemia, and Kaposi's sarcoma. Early trials suggest that beta interferon may be better tolerated than alpha interferon. Objective responses have been observed in patients treated with natural beta interferon. We are also actively seeking potential participants for this protocol.

Advantages to study participants include free laboratory and clinical monitoring and free study medication. As we have seen in the past few weeks, this is no inconsequential matter with the cost of a one year's supply of AZT being $10,500. Although patients may not be able to maintain the recommended dose level for prolonged therapy, the drug will still be costly.

If you have any questions in regard to any of the studies or wish to make a patient referral, please do not hesitate to contact us by phone or write us at the address below.

The clinical research team members are as follows:

Ann Collier, MD
Clinical Director

Dana Cummings, ARNP
Gino Gianola, PA-C
Jennifer Jenkins, Study Coordinator

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*[**Editor's note**: Thanks go to Dr. Ann Collier and the staff of the ATEU for preparing this report.]*

Seattle-King County Department of Public Health Statement on Poppers

Inhalant formulations of alkyl nitrite, commonly known as "poppers", are substances ostensibly sold as room deodorizers. The general use of these volatile nitrites, however, is as a recreational drug, often in conjunction with sexual activity. In Washington State the use of poppers is legal; they are most often sold in gay bars and bathhouses and in adult bookstores.

Because of increasing concern over adverse health effects of popper use and a possible relationship to AIDS, the Seattle-King County Department of Public Health has issued the following statement on poppers:

> There is clear evidence that poppers and other inhaled nitrites are dangerous and should not be used. The most convincing evidence comes from multiple reports of sudden death occurring in persons inhaling these substances. Death probably results from reduction of hemoglobin and inability of the blood to carry enough oxygen to maintain consciousness and cardiac function. The use of even small quantities of poppers may substantially change normal blood chemistry.
>
> There is also preliminary evidence of an association between use of poppers and the development of Kaposi's sarcoma in persons infected with the AIDS virus. In addition, there is a strong suspicion that use of poppers and other drugs may reduce a person's motivation to ensure that sexual contact is safe.
>
> Because of the known and potential dangers, the opinion of the AIDS Prevention Project is that poppers and inhaled nitrites are a danger to the entire community and are especially dangerous to gay men and IV drug users who may carry the AIDS virus. Therefore, the AIDS Prevention Project policy is to discourage the use of these substances in the strongest possible terms, and to support legislation or regulations to limit or ban their sale or distribution.
>
> New York State has passed legislation to ban over-the-counter and mail order sales, and several cities, including Los Angeles, have taken similar action. San Francisco has an ordinance to require that health warnings be posted wherever poppers are sold.
>
> The AIDS Prevention Project is considering sponsoring similar legislation in Washington to eliminate sale and use of poppers. In the meantime, please refrain from using these substances and spread the word to protect our community.

AIDS Prevention Project Addresses High School Education Needs

The education staff at the AIDS Prevention Project recently completed an AIDS education package which is available for use by high school teachers. **AIDS: What You (and your friends) Need to Know** is a multi-media lesson plan for grades 9 to 12. The package structures the contents of a flexible 1 to 2 hour lesson on AIDS and includes the following:

- a slide show
- recommendations for selection of a video-tape
- a script developed by the AIDS Project for this curriculum
- three exercises for classroom discussion of the social and political aspects of the disease
- answers to questions commonly asked by young people
- an educational pamphlet written for teens

AIDS: What You (and your friends) Need to Know was initially field-tested with 11th grade students at Seattle's Garfield High School. Matched pre/post testing of 114 students revealed a significant improvement in factual AIDS knowledge after one hour of instruction using the above curriculum. This change was retained when testing was repeated eight weeks post-instruction.

In addition to an increased knowledge score, a change in attitude was observed between pre-instuction and post-instruction testing. Student responses on six attitudinal items were scored on a scale from "fearful and intolerant" attitudes about people with AIDS (for example, the belief that people with AIDS should be required to wear a tattoo) to "informed and compassionate" (for example, people with AIDS should be allowed to continue work or school as long as they feel able). A significant change in the direction of compassion and lack of fear was recorded on the post-test, and this change was retained at the 8-week follow-up.

The AIDS Prevention Project offers assistance to teachers wishing to include AIDS education in health classes. The suggested curriculum is available to teachers and school boards statewide and the aforementioned pamphlet, **AIDS: What You (and your friends) Need to Know**, is available in bulk. The pamphlet is also suitable for photocopying. Guest speakers, curriculum materials and consultation are available by calling the AIDS Information Line at 587-4999.

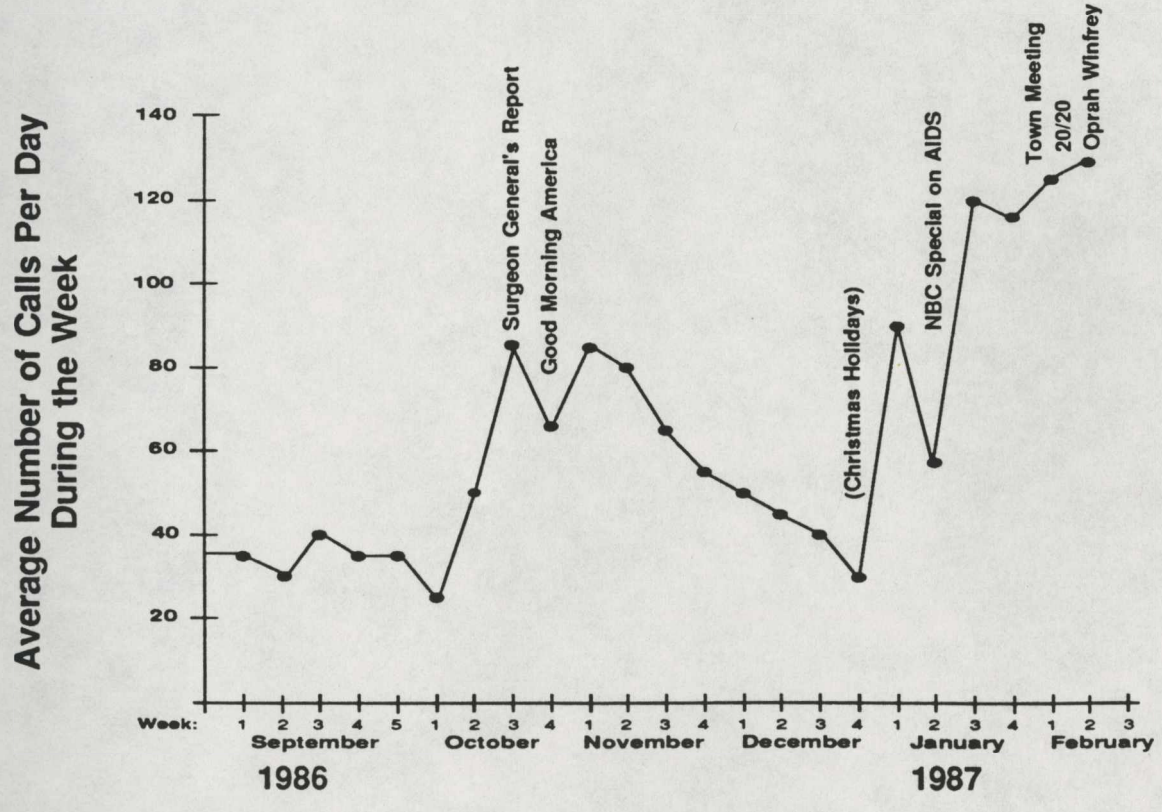
History of the AIDS Information Line

The AIDS Information Line was one of the earliest AIDS-related services of the Seattle-King County Department of Public Health. The purpose of the Info Line is to provide up-to-the-minute AIDS information to the public and health care professionals and to serve as a referral resource for community-based AIDS social and support services.

The Info Line began operations in the summer of 1983, at which time only 5 AIDS cases had occurred in King County. Five to ten calls a day were fielded by a lone volunteer, Will Jones. (Will still answers the Info Line today, as well as coordinating a computerized literature database for the AIDS Prevention Project). In August of 1983, the Info Line received funding and averaged 10 to 20 calls daily. In the first year of operation, most calls were from gay men and hemophiliacs. Little was known about the disease (which at the time was labeled "GRID" or gay-related immunodeficiency), the viral etiology was as yet unidentified, and few resources were available.

In the fall of 1985, accounts of Rock Hudson's affliction with AIDS were well publicized in the media. Calls increased dramatically, up to 170 calls per day at times. The first Public Service Announcements and bus posters appeared soon afterwards and had their effect of increasing public awareness of AIDS. The flurry of interest in the Rock Hudson story died down by April of 1986 and calls leveled out to about 40-60 a day. More recently, a surge of calls have come from heterosexual persons responding to the Surgeon General's Report on AIDS and coverage of AIDS on such programs as Good Morning America, Town Meeting, and the Oprah Winfrey show. The graph shows fluctuations in call numbers from September 1986 through mid-February 1987 with the timing of major media coverage of AIDS indicated.

Media Coverage of AIDS vs. Information Calls to AIDS Information Line



The telephone number of the Seattle-King County AIDS Information Line is 587-4999. Hours of operation are 8am to 5pm Monday through Friday.